

**PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT**

SECTION A

1. Company Name EXCLUSIVE fur dyers & dressers Inc.
2. Permit Number if applicable: 26407470
3. Location: 100 DAYTON AVENUE
PASSAIC N.J. Zip Code: 07055
4. Mailing Address SAME AS ABOVE
Zip Code: _____
5. Person to contact concerning information provided in this application:
Name of Contact Official: HENRY ROTH
Title: PRESIDENT Phone No. 973-777-153
Address 51 ROSS ST. APT 3.E Zip code 11211
6. Number of Employees – Full Time: 5 Part Time: _____
Number of Work Days Per Year: 261
Number of Shifts Per Day: _____
7. If property is owned indicate block and lot number(s):
N/A
Assessed Value: _____ 19 _____
8. If property is rented indicate name and address of owner:
HELMSLEY - SPEAR INC.
60 EAST 42ND STREET N.Y. N.Y. 10165
Total square feet rented: 22,000
9. List NJPDES Permit Number if applicable, NONE
and
Name of receiving Body of Water entered _____

SECTION B

WATER DATA

INDUSTRIAL <u>120-2938</u>			
8110	8115	8120	8205
OCT 17 2000			

10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y - ☐ N

Well

Y - ☒ N

If Y, is it metered

Y - ☒ N

River

Y - ☒ N

If Y, is it metered

Y - ☐ N

11. Name of purchased water supplier:

Passaic Industrial Center

List all Account #'s:

BID#44

12. Water Received: From Mo. _____ Yr. _____ Through Mo. _____ Yr. _____

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.				
2 nd Qtr.				
3 rd Qtr.				
4 th Qtr.				

GRAND TOTAL _____

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/Ditch	Gallons Used Other
Sanitary service only			
Process waste water			
Cooling water			
Evaporation			
Contained in the product			
Other (describe)			

GRAND TOTAL _____

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer Y - ☒ N
 To the Combined Sewer ☒ Y - N
 To the Storm Sewer Y - ☒ N
 River or Ditch Y - ☒ N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
None			

SECTION C**OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous _____

or intermittent ☒ each operating day.

If the discharge is intermittent, it occurs between the following hours: 8am to 5pm

17. Brief description of Manufacturing or other activity performed: fur dresser
and dyer

List SIC CODE #: 3999

18. Principal Raw Materials used: pelts

19. Principal Products or Services: DRESS AND DYE SKINS

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: N/A

Does this facility shutdown for vacation(s)? NO If so, is it basically the same time each year. _____ Provide dates usually shutdown _____

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 1 Sigma Automatic Sampler
Continuous pH Recorder
 Outlet _____

 Outlet _____

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
<u>1</u>		<u>Automatic/Composite Sampler</u>	

SECTION D (continued)**23. Volume Information:**

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>

24. Frequency of calibration of each flow meter: 2 meters maintained by
Pascoe Ironfield Park

25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. _____

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)	n/a	1097*	Antimony (Sb)	n/a
0500	Total Solids	1.05	1002*	Arsenic (As)	<0.400
0505	Volatile Solids	0.10	1022*	Boron (B)	n/a
0530	Total Suspended Solids	880	1027	Cadmium (Cd)	<0.004
0540	Volatile Suspended Solids	325	1034*	Chromium Total (Cr)	n/a
0555	(1)(3) Petroleum Hydrocarbons		1042	Copper (Cu)	0.084
0310	Biochemical Oxygen Demand (BOD)	399	1045*	Iron (Fe)	n/a
			1051	Lead (Pb)	0.056
0340	Chemical Oxygen Demand (COD)	737	0720*(3)	Cyanide (Cn)	n/a
			1900	Mercury (Report to 0.XXX)	0.0004
0680	Total Organic Carbon (TOC)	247	1067	Nickel (Ni)	0.012
			1147*	Selenium (Se)	n/a
9000	pH(standard unit range)	9.17	1077*	Silver (Ag)	n/a
0610	(1) Ammonia as N	30.8	1102*	Tin (Sn)	n/a
0550	(1)(3) Total Oil & Grease		1092	Zinc (Zn)	0.422
0745*	(1) Sulfide	n/a	2730	Phenol	0.99
0507*	(1) Ortho Phosphates as P	n/a	4053*	Pesticides (Report to 0.XXX)	n/a
0625*	(1) Kjeldahl N as N	n/a			
9998*	(2)(3) TTO (Report to 0.XXX)	n/a	9999*(3)	TTVO (Report to 0.XXX)	n/a

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
- (*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98

SECTION E (continued)

Samples collected by: Henry Roth

Date: 10-10-00

Sample analyzed by: Garden State Labs Date: 10-10-00

Products being manufactured when sample was collected: Dressing and dyeing skins

27. Who performs the analyses of the samples for User Charge? Garden State Laboratories

28. Is the Laboratory certified by NJDEP to conduct all the analyses? (Y) - N

29. Who performs the analyses of the samples for the Pretreatment Parameters?
N/A

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

N/A

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N N/A

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

SECTION F**PRETREATMENT**

32. Industrial Category: N/A
Subpart (s): _____
33. Compliance date(s): _____
34. Is facility in compliance? _____ If not, and if compliance date has passed,
explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: _____
36. Compliance schedule submitted: _____
If yes is facility on schedule? _____ Explain if compliance date will not be met:

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
If yes, describe NO
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
If yes, describe NO
39. Has this facility even been cited by NJDEP or EPA for a violation of State or Federal
Regulations for the nature of its wastewater discharge? Y - N NO
40. Is this facility under an ISRA Clean up? NO If so, has a plan been approved by
NJDEP: _____

Is there any plan to discharge groundwater?

CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official:

Henry Roth

Print Name

TITLE: President

DATE

Henry Roth

SIGNATURE

***APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:**

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene					2,4 dimethylphenol				
acrolein					2,4 dinitrotoluene				
acrylonitrile					2,6 dinitrotoluene				
benzene					1,2 diphenylhydrazine				
benzidine					ethylbenzene				
carbon tetrachloride (tetrachloromethane)					fluoranthene				
chlorobenzene					4-chlorophenyl phenyl ether				
1,2,4-trichlorobenzene					4-bromophenyl phenyl ether				
hexachlorobenzene					bis(2-chloroisopropyl) ether				
1,2 dichloroethane					bis(2-chloroethoxy) methane				
1,1,1 trichloroethane					methylene				
hexachloroethane					chloride(dichloromethane)				
1,1,dichloroethane					methyl chloride				
1,1,2 trichloroethane					(chloromethane)				
1,1,2,2 tetrachloroethane					methyl bromide				
chloroethane					(bromomethane)				
bis(chloromethyl) ether					bromoform(tribromomethane)				
Bis(2 chloroethyl) ether					dichlorobromomethane				
2-chloroethyl vinyl ether mixed					trichlorofluoromethane				
2-chloronaphthalene					dichlorodifluoromethane				
2,4,6, trichlorophenol					chlorodibromomethane				
parachlorometa cresol					hexachlorobutadiene				
Chloroform (trichloromethane)					hexachlorocyclopentadiene				
2 chlorophenol					isophorone				
1,2, dichlorobenzene					naphthalene				
1,3, dichlorobenzene					nitrobenzene				
1,4, dichlorobenzene					2-nitrophenol				
3,3, dichlorobenzidine					4-nitrophenol				
1,1,dichloroethylene					2,4-dinitrophenol				
1,2 trans-dichloroethylene					4,6 dinitro-o cresol				
2,4,dichlorophenol					N-nitrosodimethylamine				
1,2, dichloropropane					N-nitrosodiphenylamine				
1,3, dichloropropylene					N-nitrosodi-n-propylamine				
(1,3 dichlor propene)					pentachlorophenol				
					phenol				

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate					endrin				
butylbenzylphthalate					endrin aldehyde				
di-n-butylphthalate					heptachlor				
di-n-octylphthalate					heptachlor (epoxide)				
diethylphthalate					BHC Alpha				
dimethylphthalate					BHC Beta				
benzo(a)anthracene					BHC Gamma				
benzo(a)pyrene					BHC Delta				
3,4 benzofluoranthene					PCB1242				
benzo(k) fluoranthene					PCB1254				
chrysene					PCB1221				
acenaphthylene					PCB1232				
anthracene					PCB1248				
benzo(ghi)perylene					PCB1260				
fluorene					PCB1016				
phenanthrene					toxaphene				
dibenzo (a,h) anthracene					antimony(total)				
indeno (1,2,3-c,d) pyrene					arsenic (total)				
pyrene					asbestos (fibrous)				
tetrachloroethylene					beryllium (total)				
toluene					cadmium (total)				
trichloroethylene					chromium (total)				
vinyl chloride					copper (total)				
aldrin					cyanide (total)				
dieldrin					lead (total)	✓			
chlordane					mercury (total)				
4,4 DDT					nickel (total)				
4,4, DDE					selenium (total)				
4,4, DDD					silver (total)				
endosulfan I					thallium (total)				
endosulfan II					zinc (total)				
endosulfan sulfate					2,3,7,8, tetrachlorodibenzo				
					p-dioxin				

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide					n,n-dimethyl aniline				
amitrole					3,3-dimethyl benzidine				
amyl alcohols					1,1-dimethylhydrazine				
aniline hydrochloride					dioxane				
anisole					diphenylamine				
auramine					ethylenimine				
benzotrichloride					hydrazine				
benzylamine					4,4-methylene bis				
					(2-chloroaniline)				
o-chloroaniline					4,4-methylenedianiline				
m-chloroaniline					methyl isobutyl ketone				
p-chloroaniline					alpha-naphthylamine				
1-chloro-2-nitrobenzene					beta-naphthylamine				
1-chloro-4-nitrobenzene					n-methylaniline				
chloroprene					1,2- phenylenediamine				
chrysoidine					1,3- phenylenediamine				
cumene					1,4-phenylenediamine	✓			
2,3-dichloroaniline					sudan 1 (solvent yellow 14)				
2,4-dichloroaniline					thiourea				
2,5-dichloroaniline					toluene sulfonic acids				
3,4-dichloroaniline					toluidines				
3,5-dichloroaniline					xylidines				
1,3-dichloropropene									
1,3-dimethoxybenzidine									

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde					isopropanolamine				
allyl alcohol					kelthane				
allyl chloride					kepone				
amyl acetate					malathion				
aniline					mercaptodimethur				
benzonitrile					methoxychlor				
benzyl chloride					methyl mercaptan				
butyl acetate					methyl methacrylate				
butylamine					methly parathion				
captan					mevinphos				
carbaryl					mexacarbate				
carbofuran					monoethylamine				
carbon disulfide					monomethylamine				
chlorpyrifos					naled				
coumaphos					napthenic acid				
cresol					nitrotoluene				
crotonaldehyde					parathion				
cyclohexane					phenolsulfanate				
2,4-D (2,4-dichlorophenoxy)					phosgene				
acetic acid					propagrite				
diazinon					propylene oxide				
dicamba					pyrethrins				
dichlobenil					quinoline				
dichlone					resorcinol		✓		
2,2-dichloropropionic acid					strontium				
dichlorvos					strychnine				
diethylamine					stryrene				
dimethylamine					2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)				
dinitrobenzene					TDE (tetrachloro- diphenylethane)				
diquat					2,4,5-TP 2(2,4,5- trichlorophenoxy				
disulfoton					trichlorofon				
diuron					triethylamine				
epichlorohydrin					trimethylamine				
					propanoic acid				

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)**CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine					uranium				
ethion					vanadium				
ethylene diamine					vinyl acetate				
ethylene dibromide					xylene				
formaldehyde	✓				xlenol				
furfural					zirconium				
guthion									
isoprene									

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

HENRY ROTH

Name of Applicant

TRADE NAME: Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

EXCLUSIVE OYERS

Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Corporation |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe) | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: DAVID ROTH

Street Address: 1540 40 ST.

City, State & Zip Code: BROOKLYN N.Y.

Business Telephone: _____

Emergency Telephone: 347 731 7975

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporations's Registered Agent:

Name: _____

Company Name: _____

Street Address: _____

City, State & Zip Code: _____

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: _____

Date: _____

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: _____

SECTION THREE

(To be completed only by Partnerships or Joint Ventures)

FORM OF PARTNERSHIP: Check One.☐ General partnership☐ Limited Partnership**PARTNERS:** Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: _____

Street Address: _____

City, State & Zip Code: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____

SECTION FOUR

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment,

Dated: _____


Signature _____

Print Title & Position

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

FRANK J. CALANDRIELLO, JR.
DOMINIC W. CUCCINELLO
CARL S. CZAPLICKI, JR.
PETER A. MURPHY
ANGELINA M. PASERCHIA
THOMAS J. POWELL
DONALD TUCKER
COMMISSIONERS



Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, NJ 07105
(973) 344-1800
Fax: (973) 344-2951
www.pvsc.com

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

INDUSTRIAL 120-7438			
8110	8115	8120	8205
OCT 17 2000			

Industrial Dept. Fax: (973) 344-4876
May 22, 2000

Certified Receipt
2282908998

Henry Roth
Exclusive Fur Dyers & Dressers Inc.
100 Dayton Avenue Building #4
Passaic New Jersey 07055

RE: SEWER USE PERMIT # 26220004

Dear Mr. Roth:

The above Sewer Use Permit will expire on 01/18/01. In accordance with the Passaic Valley Sewerage Commissioners Rules and Regulations and your municipal ordinance you are required to renew your Sewer Use Permit in order to continue to discharge into the PVSC sewerage system. These Rules and Regulations require that you submit the renewal application six months prior to the expiration date of this Permit. Also, in accordance with section 602.1 of the PVSC Rules and Regulations an Application Fee is required to be paid in order for your Sewer Use Application to be processed. This fee is \$750 for all Applications scheduled to be received after 06/01/96.

This fee is to cover the administrative costs to process your application and is not to be confused with the Sewer Use Permit Fee that will be assessed with the issuance of your permit renewal in accordance with Section 602.2 of the PVSC Rules and Regulations. If a determination is made that a Permit of any type is not required, the Application Fee shall be refunded.

It is extremely important that the instructions contained in the Sewer Use Application be adhered to accurately and completely. The completed Application with the \$750 fee (make check payable to PVSC) must be submitted to the PVSC Industrial Department within 90 days of receipt. If you have any questions, please contact Anthony Gammara at (973) 817-5716.

Very truly yours,

PASSAIC VALLEY SEWERAGE COMMISSIONERS

Frank P. D'Ascensio
Manager of Industrial & Pollution Control

FPD/sml

cc: Robert J. Davenport, Executive Director
Anthony Gammara
George McGehrin

INSTRUCTIONS FOR COMPLETING SEWER USE APPLICATION

Users who receive an application must return the completed application within required time frame in cover letter, to the Passaic Valley Sewerage Commissioners, 600 Wilson Avenue, Newark, New Jersey 07105, and Attention of the Industrial Department. New applicants will be advised if a Sewer Use Permit is required upon the completion of their application evaluation.

Questions concerning the completion of the application may be answered by contacting the industrial department at (973) 817-5715. Answer all questions, if one does not apply write N/A or None.

1. Be certain to indicate if Company is incorporated.
2. To be filled in only for Permit renewals.
4. To be filled in only if mailing address is different from the location; otherwise write "Same".
5. This is the person PVSC will contact to answer questions and provide information as necessary. Fill in address only if it is different from the Facility Location.
6. Use annual average numbers
7. Self-explanatory. Entire property must be listed. If property lies in more than one municipality, indicate which one lies within the respected municipality.
8. Self-explanatory. Be certain to list the total amount of square feet rented.
9. Self-explanatory. If none, so state.
10. Circle Y if well water or river water is consumed regardless of how it is used.
11. Self-explanatory. Be certain to list all account numbers.
12. Report consumption for most recent 12 months; i.e., from Mo. 3/1 Yr. 83 through Mo. 2/28 Yr. 84. Total up the quarterly volumes from all sources. Be certain to convert to gallons. Most water utilities report consumption in hundreds of cubic feet (100 cu. ft.) If this is the case, it will be necessary to add two zeros to the figure in order to convert it to cubic feet, then multiply it by 7.48 to convert the figure to gallons. Check the unit of measure on the meters used to measure river or well water volumes, convert them also if necessary. Please note an asterisk means the figure is estimated.

13. Total amount of water received must equal the total amount of water used and disposed of. Fill in the quantity of each that applies. Be certain to use an asterisk for estimated figures.
14. This item applies only to process wastewater and explains how it is disposed of. There are only a few communities that have combined sewers. If you are in doubt contact the municipal sewer or engineering department. The last two items describe a direct discharge. If the discharge is either connected to a storm sewer, which drains ultimately to a stream or a river, or discharges to a stream or river, by some other means, an NJPDES Permit may be required..
15. Self-explanatory. If none, so state.
17. Self-explanatory, i.e. manufacturing, condensation, oxidation/reduction, non-aqueous extraction, etc.
18. Self-explanatory. It is not necessary to list all chemicals used. Avoid using trade names, which do not identify the chemical.
19. Self explanatory, i.e. water soluble dyes for the paper industry.
20. Include only significant variations, i.e. during March, April and may of each year an additional product is manufactured which increases the TSS and volume discharged to the sanitary sewer by 25%. If there are no seasonal variations, so state.
21. Include pH control, oil and grease removal systems or recorders for pH, LEL, etc. Indicate type of sensing element for LEL instruments. New applicants, number all outlets starting with number 1. Use this number throughout. Renewal applicants, use the first 8 digits of the outlet designation found in Section A2 of the expiring Sewer Use Permit.
22. Identify outlet as in item 21. Second column, answer Y or N depending on characteristics of discharge. Third column, describe type of sampler used, i.e., filled chamber composite, peristaltic composite etc. If none, so state. Fourth column, answer Y or N depending on whether sample is refrigerated to maintain temperature at 40C during and after collection.
23. Identify outlet as in item 21. Second column, average volume is satisfactory unless there are significant seasonal changes. In the latter case report both averages to coincide with answer for item 20. Third column, answer Y or N depending on whether a flow measuring device is installed. Fourth column, describe type of instrument installed, i.e., parshall flume, magnetic meter, etc. Also state if totalizer is resettable or not. Fifth column, provide date of last calibration.

- NOTE: In those cases where incoming water meters are used to measure the volume or a different method is used than a meter on the outlet, attach a separate sheet with an explanation. Also if more than one sanitary connection has been combined into one outlet in the Sewer Use Permit, explain on a separate sheet.
24. Self-explanatory. Identify meters if necessary. Omit those meters maintained by the water utility.
 25. Identify outlets as in item 21. Internal building sewer lines need not be shown, but all external lines must be shown.
 26. An applicant who is regulated by a Federal Category must analyze for those parameters listed in accordance with the regulation. Also, all other parameters listed in Section E must be analyzed in accordance with the instructions. The sample that is analyzed should be composite collected over the operating day and should be representative of the normal discharge. Some parameters require grab samples in place of composite samples. Samples must be properly preserved as required. All analyses must be conducted in accordance with the 1974 EPS Standard Methods Manual, the Fourteenth Edition of Standards Methods or the 1975 ASTM, as outlined in 40 CFR Part 136 12/1/76 and its revisions. In particular, analyses for Heavy Metals must be conducted by Atomic Absorption. Those analyses for Toxic Organics or Pesticides must be conducted by Gas Chromatography. All analyses must be conducted by a Lab certified by NJDEP to perform the analyses reported. Results must be submitted on Lab certified forms in addition to being entered in Section E.

Renewal applicants do not have to analyze for those parameters currently being monitored and periodically reported. Results from samples taken during the past six months are acceptable for submittal to PVSC provided results are so noted. The parameters marked with an asterisk (*) need only be analyzed for if reasonably expected to be present in the discharge, unless otherwise exempted. **All other parameters must be analyzed.**

The results of the analyses must be reported to the decimal points indicated. The parameters marked with (1) must be reported to the nearest tenth; i.e., 1.6 mg/l. Concentration values are to be reported in mg/l unless otherwise specified. Identify the outlets as in Item 21, also identify name and employer of person collecting and analyzing the samples. If submitting an analysis for more than 1 outlet use separate sheets.

27. Self-explanatory. Identify employer also

31. Applicant is required only to check the box that best describes the potential for The Priority Pollutants listed in Tables 1, 2, & 3 to be present in his discharge.
32. Identify EPA industrial categories that apply. Also give alphabetical subpart listings and names that identify specific subparts.
33. If more than one compliance date applies, list separately.
35. If no schedule is required answer N/A.

Revised 1/87
7/90
7/97

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
FRANK J. CALANDRIELLO
DOMINIC W. CUCCINELLO
PETER A. MURPHY
ANGELINA M. PASERCHIA
THOMAS J. POWELL
DONALD TUCKER
COMMISSIONERS



Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(973) 344-1800
Fax: (973) 344-2951
www.pvsc.com

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

Industrial Fax: (973) 344-4876

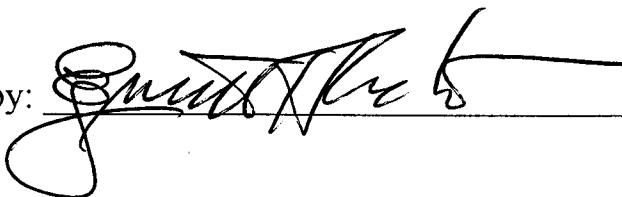
RECEIPT FOR
APPLICATION FEE
PERMIT FEE

Received from: Exclusive for Dyes

Address: 100 Dayton Ave 4F Passaic NJ. 07055

Amount of Payment: \$ 750.00

Date of Payment 10/17/00

Payment Received by: 

Signature: _____

Amount: 750⁰⁰ Date: 10/20/00

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

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Industrial Fax: (973) 344-4876

RECEIPT FOR
APPLICATION FEE
PERMIT FEE

Received from: Exclusive for Dyers

Address: 100 Dayton Ave 4F Passaic NJ 07055

Amount of Payment: \$760.00

Date of Payment 10/17/00

Payment Received by: 

Signature: _____

Amount: 750⁰⁰ Date: 10/20/00

410 Hillside Avenue
Hillside, New Jersey 07205

Toll Free: 800-273-8901
Telephone: 908-688-8900
Fax: 908-688-8966
email: hklein@gsilabs.com
Internet: www.gsilabs.com

DATE SUBMITTED: 1/5/01

ATT: HENRY ROTH

TIME SAMPLED:

Harry Klein

PVSC39 - 00003249

Attach to report

Enclosure

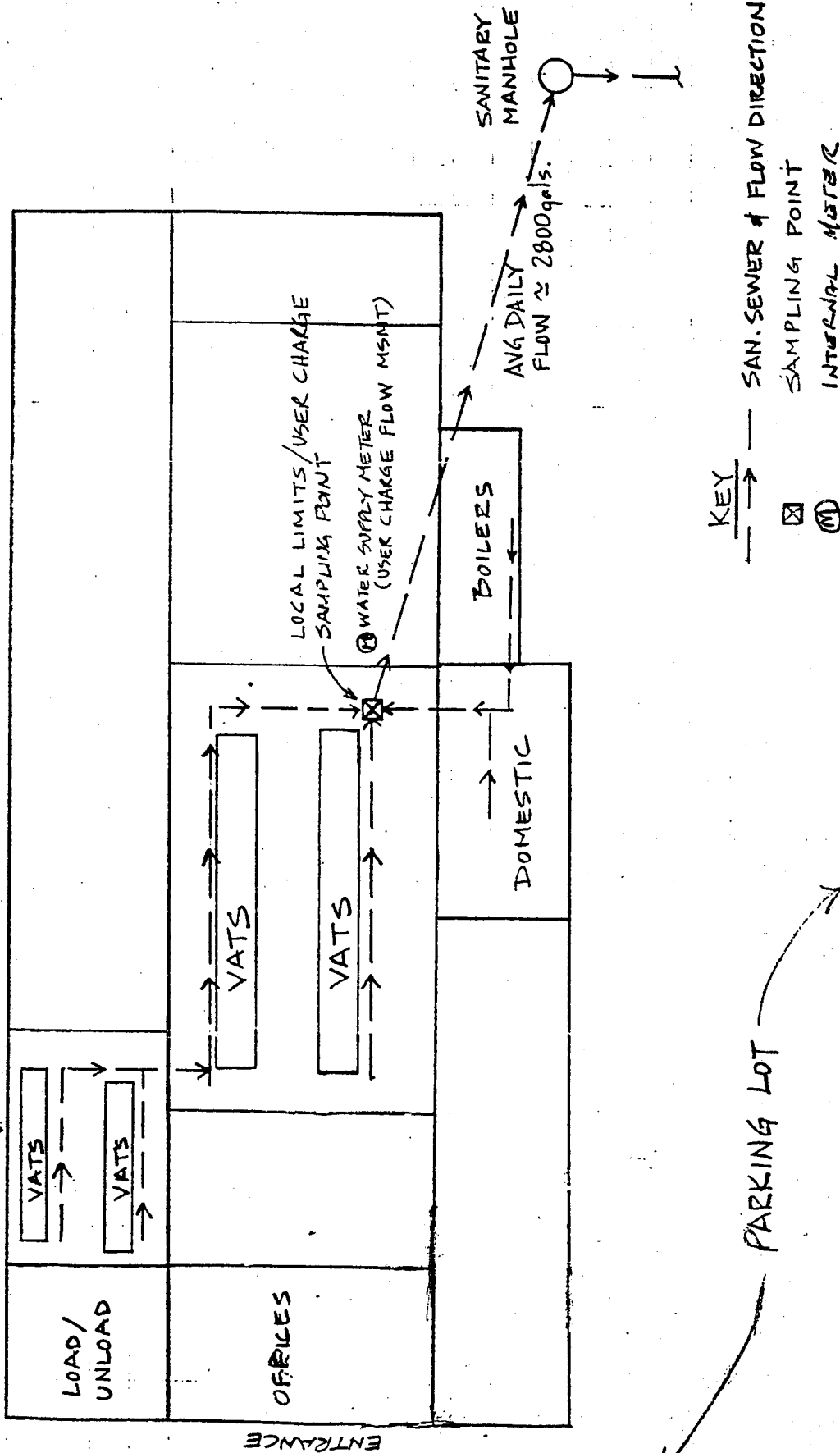
Done in computer

① 12/27/2000

Spoke to David Roth, only chgo is IP#

① 12/27/2000

PASSAIC INDUSTRIAL PARK BLDG 4-F



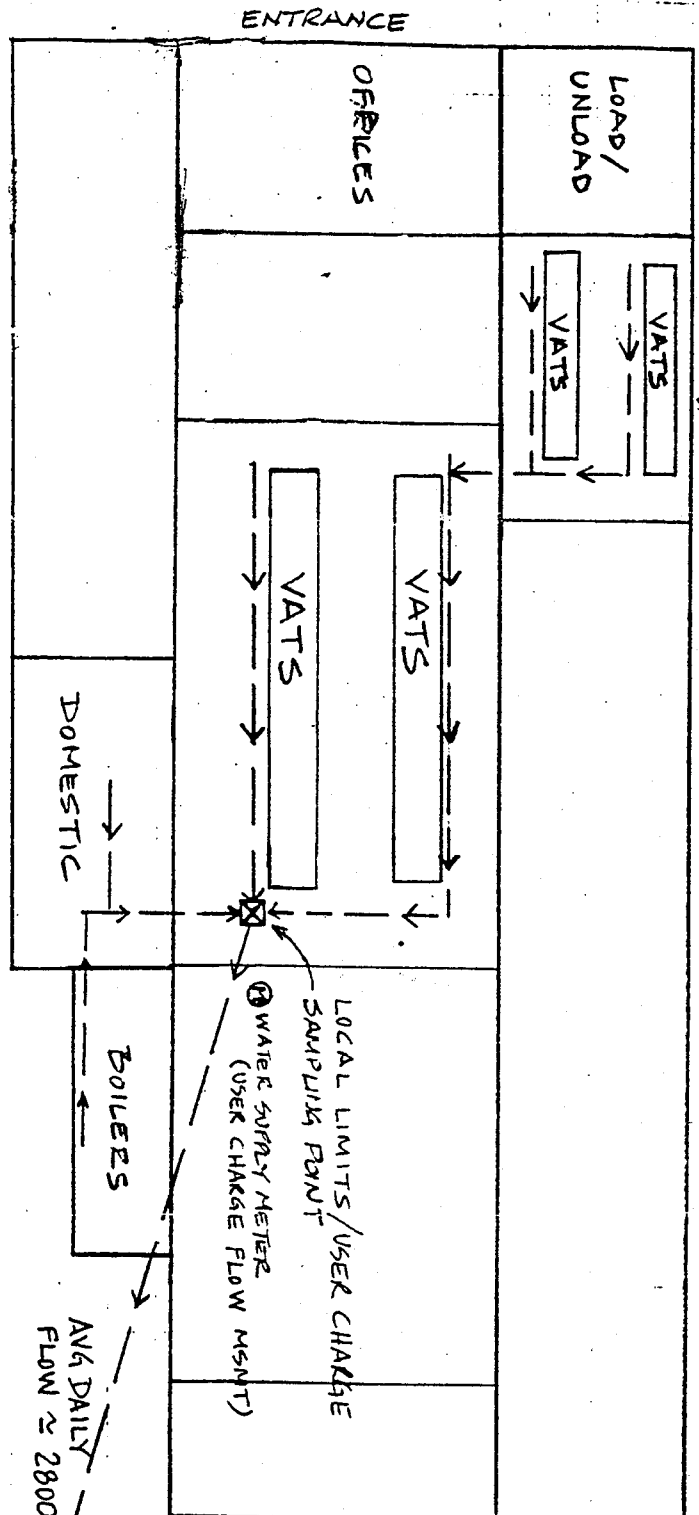
SKETCH OF FUR DYEING FACILITY & SEWER CONNECTIONS

(NOT TO SCALE)

Signed Henry Roth 12/6/95
 Henry Roth, President
 Exclusive Fur Dyers & Dressers, Inc.

EXCLUSIVE FUR DYERS & DRESSERS, INC.
 100 DAYTON AVE
 PASSAIC, NJ 07055

← PASSAIC INDUSTRIAL PARK BLDG 4-F



PARKING LOT

SKETCH OF FUR DYEING FACILITY & SEWER CONNECTIONS.
(NOT TO SCALE)

Signed Henry Roth 10/6/95
Henry Roth, President
Exclusive Fur Dyers & Dressers, Inc.

EXCLUSIVE FUR DYERS & DRESSERS, INC.
100 DAYTON AVE
PASSAIC, NJ 07055

Attn. Laura

Exclusive Fuel

SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

(Y) - N

Well

Y - N

If Y, is it metered

Y - N

River

Y - N

If Y, is it metered

Y - N

11. Name of purchased water supplier:

Passaic Industrial Center

List all Account #'s: _____

12. Water Received: From Mo. _____ Yr. _____ Through Mo. _____ Yr. _____

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.	4037.75			
2 nd Qtr.	4037.75			
3 rd Qtr.	4037.75			
4 th Qtr.	4037.75			

GRAND TOTAL 16,151

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/Ditch	Gallons Used Other
Sanitary service only			
Process waste water			
Cooling water			
Evaporation			
Contained in the product			
Other (describe)			

GRAND TOTAL 16,151



Garden State Laboratories, Inc.

Bacteriological and Chemical Testing

410 Hillside Avenue
Hillside, New Jersey 07205

Mathew Klein, M.S., Founder (1918-1996)
Harvey Klein, M.S., Laboratory Director

Toll Free: 800-273-8901
Telephone: 908-888-8900
Fax: 908-888-8966
email: hklein@gsilabs.com
Internet: www.gsilabs.com

December 29, 2000

Exclusive Fur Dyers
& Dressers, Inc.
100 Dayton Avenue
Passaic, NJ 07055

At: Henry Roth

Re: Waste water sampling for Industrial waste and monthly analysis

Dear Mr. Roth,

As per our conversation earlier today, we have scheduled your sampling event for January 4, 2001. Garden State Labs will be setting up the compositor on that date and coming back on the 5th to finish the sample pickup. The samples to be taken are your monthly samples along with the addition of the Industrial waste from section e which you faxed to me earlier.

As we discussed the results will take approximately 3 - 4 weeks for a hardcopy report.

If I can be of further assistance, please call me at 908-888-8900.

Sincerely,

Diana Passmore
Client Coordinator

THE LIABILITY OF GARDEN STATE LABORATORIES, INC. FOR SERVICES RENDERED SHALL IN NO EVENT EXCEED THE AMOUNT OF THE INVOICE.
Certified by U.S. Public Health Service, N.J. State Dept. of Health, N.Y. State Dept. of Health - Lab # 11850 and N.J.D.E.P. - Lab # 20044



GARDEN STATE LABORATORIES, INC.

Environmental and Chemical Testing
410 Hillside Avenue
Hillside, New Jersey 07205

RECEIVED

JAN - 3 2001

INDUSTRIAL DEPARTMENT

Fax

Transmission

Date:

1/3/01

To:

Exclusive Fur Dyers

Attention:

Henry

From:

Mina

Notes:

We'll be there on the
4th to set up the sampler.

(Our man had truck problems
hence the day delay)

Our phone:

(908) 688-8900
(800) 273-8901

Our fax:

(908) 688-8956

Number of pages excluding cover page:

594-9016

Fax:

973-472-5064

Thank you!

The liability of Garden State Labs, Inc. for services rendered shall in no event exceed the amount of the invoice.
Certified by U.S. Public Health Service, N.J. State Dept. of Health - Lab # 11550 and N.J.D.E.P. - LAB # 20044